

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**10/563918**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58	/					
9							59	/					
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
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21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29	/						79						
30							80						
31							81						
32							82						
33							83						
34							84						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	59	←		←		←	TOTAL DEP.		←	27	←		←
TOTAL CLAIMS	63						TOTAL CLAIMS			31			